

2018 NSLTCP: Residential Care Community Resident Public Use File (PUF) Codebook

QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES/RANGE	FREQUENCIES/RANGE	WEIGHTED PERCENTAGE	SUs ASKED	ADDITIONAL NOTES
<b>BACKGROUND INFORMATION</b>							
1	SEX	What is [SAMPLED PERSON'S INITIALS]'s gender?	1 = MALE	272	32.59	All	
		1 MALE 2 FEMALE	2 = FEMALE	632	67.41		
2	AGE2 [DERIVED]	What is [SAMPLED PERSON'S INITIALS]'s age in years?	RANGE	64 - 95	100.00	All	AGE was bottom-coded at 64 years and top-coded at 95 years
3 & 4	RACEETH2 [DERIVED from Questions 3 & 4]	Is [SAMPLED PERSON'S INITIALS] of Hispanic, Latino, or Spanish origin or descent?  1. YES 2. NO 3. DON't KNOW  Please look at the show card titled "Race" to answer this question. Which one or more of the following would you say is [SAMPLED PERSON'S INITIALS]'s race? Please tell me the numbers that apply from the show card. Any others? SELECT ALL THAT APPLY  1. AMERICAN INDIAN OR ALASKA NATIVE 2. ASIAN 3. BLACK 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5. WHITE	1 = WHITE	816	89.35	All	Race/ethnicity variable collapsed to four categories
			2 = BLACK	40	5.87		
			3 = HISPANIC	23	1.94		
			4 = OTHER	25	2.84		
6	LOSRC2 [RECODED]	Please look at the show card titled "Moved into Community" to answer this question. Approximately how long? Please tell me the number that applies from the show card.  1. 0 TO 3 MONTHS 2. MORE THAN 3 MONTHS TO 6 MONTHS 3. MORE THAN 6 MONTHS TO 1 YEAR 4. MORE THAN 1 YEAR TO 3 YEARS 5. MORE THAN 3 YEARS TO 5 YEARS 6. MORE THAN 5 YEARS	1 = LESS THAN 1 YEAR	313	36.07	All	Length of stay was collapsed to three categories
			2 = 1 - 3 YEARS	295	30.50		
			3 = MORE THAN 3 YEARS	281	32.73		
			-9 = MISSING	15	0.71		
7	MOVEFROM2 [DERIVED]	Please look at the show card titled "Live Before" to answer this question. Where did [SAMPLED PERSON'S INITIALS] live immediately before moving to this residential care community? Please tell me the number that applies from the show card.  1. PRIVATE RESIDENCE (HOUSE, APARTMENT, ROOM) 2. RETIREMENT OR INDEPENDENT LIVING COMMUNITY 3. DIFFERENT ASSISTED LIVING OR RESIDENTIAL CARE COMMUNITY OR GROUP HOME 4. ACUTE CARE HOSPITAL 5. LONG-TERM CARE HOSPITAL OR INPATIENT REHABILITATION FACILITY 6. SKILLED NURSING FACILITY (SNF) FOR SHORT-TERM REHABILITATION (< 100 DAYS) 7. NURSING HOME OR OTHER INSTITUTIONAL SETTING (> 100 DAYS) 8. INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES 9. PSYCHIATRIC FACILITY 10. HOMELESS 11. JAIL 12. OTHER	1 = PRIVATE RESIDENCE/RETIREMENT OR INDEPENDENT LIVING COMMUNITY	591	65.45	All	Variable was collapsed to three categories
			2 = ASSISTED LIVING AND OTHER LONG-TERM CARE PROVIDERS	223	21.29		
			3 = OTHER	63	9.27		
			-9 = MISSING	27	4.00		
8	SHAROOM	At this residential care community, does [SAMPLED PERSON'S INITIALS] currently share "his"/"her" room or apartment with another person?  1. YES 2. NO	1 = YES	183	27.63	All	
			2 = NO	706	71.66		
			-9 = MISSING	15	0.71		
11	CHARGES2 [DERIVED]	During the last complete month, what was the total monthly charge for [SAMPLED PERSON'S INITIALS] to live in this residential care community? Include the basic monthly charge and charges for any additional services.  RECORD DOLLAR AMOUNT WITHOUT CENTS	1 = LESS THAN \$5000	602	61.52	All	Original continuous variable was recoded to a categorical variable
			2 = \$5000 OR MORE	179	25.01		
			-9 = MISSING	123	13.47		
12	MEDICAID2	During the last complete month, did Medicaid pay for any of the services that [SAMPLED PERSON'S INITIALS] received at this residential care community? Please include any funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care.  1. YES	1 = YES	143	17.46	All	
			2 = NO	674	73.35		

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		2. NO 3. DON'T KNOW		-9 = MISSING 87	9.20		
13	ALZ	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY.  2. ALZHEIMER'S DISEASE OR OTHER DEMENTIA		1 = SELECTED 340 2 = NOT SELECTED 538 -9 = MISSING 26	33.07 65.09 1.84	All	
13	ANEMIA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY.  3. ANEMIA		1 = SELECTED 73 2 = NOT SELECTED 805 -9 = MISSING 26	8.17 89.98 1.84	All	
13	ANXIETY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY.  4. ANXIETY DISORDER		1 = SELECTED 177 2 = NOT SELECTED 701 -9 = MISSING 26	17.51 80.64 1.84	All	
13	ARTH	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY.  5. ARTHRITIS OR RHEUMATOID ARTHRITIS		1 = SELECTED 195 2 = NOT SELECTED 683 -9 = MISSING 26	20.09 78.07 1.84	All	
13	ASTHMA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  6. ASTHMA		1 = SELECTED 24 2 = NOT SELECTED 854 -9 = MISSING 26	1.91 96.25 1.84	All	
13	CANCER	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  7. CANCER OR MALIGNANT NEOPLASM OF ANY KIND		1 = SELECTED 72 2 = NOT SELECTED 806 -9 = MISSING 26	8.48 89.68 1.84	All	
13	CHF	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  9. CONGESTIVE HEART FAILURE		1 = SELECTED 97 2 = NOT SELECTED 781 -9 = MISSING 26	10.51 87.65 1.84	All	
13	COPD	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  10. COPD (CHRONIC BRONCHITIS OR EMPHYSEMA)		1 = SELECTED 99 2 = NOT SELECTED 779 -9 = MISSING 26	10.41 87.74 1.84	All	
13	DEPRESS	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  11. DEPRESSION		1 = SELECTED 249 2 = NOT SELECTED 629 -9 = MISSING 26	26.98 71.18 1.84	All	
13	DIABETES	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?  12. DIABETES		1 = SELECTED 159 2 = NOT SELECTED 719 -9 = MISSING 26	19.98 78.18 1.84	All	
13	GLAUCOMA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?		1 = SELECTED 44 2 = NOT SELECTED 834	3.86 94.30	All	

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		14. GLAUCOMA	-9 = MISSING	26	1.84		
13	GOUT	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	24	2.21	All	
			2 = NOT SELECTED	854	95.95		
		15. GOUT, LUPUS, OR FIBROMYALGIA	-9 = MISSING	26	1.84		
13	HEARTDISE	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	139	16.97	All	
			2 = NOT SELECTED	739	81.18		
		17. HEART DISEASE (CORONARY OR ISCHEMIC)	-9 = MISSING	26	1.84		
13	HBP	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	481	54.17	All	
			2 = NOT SELECTED	397	43.99		
		18. HIGH BLOOD PRESSURE OR HYPERTENSION	-9 = MISSING	26	1.84		
13	KIDNEY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	64	6.42	All	
			2 = NOT SELECTED	814	91.74		
		22. KIDNEY DISEASE	-9 = MISSING	26	1.84		
13	MACULAR	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	57	5.37	All	
			2 = NOT SELECTED	821	92.79		
		23. MACULAR DEGENERATION	-9 = MISSING	26	1.84		
13	OBESITY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	55	6.43	All	
			2 = NOT SELECTED	823	91.73		
		26. OBESITY	-9 = MISSING	26	1.84		
13	OSTEO	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	112	11.74	All	
			2 = NOT SELECTED	766	86.42		
		27. OSTEOPOROSIS	-9 = MISSING	26	1.84		
13	PARKINSON	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	23	2.75	All	
			2 = NOT SELECTED	855	95.41		
		28. PARKINSON'S DISEASE	-9 = MISSING	26	1.84		
13	SMI	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	74	9.37	All	
			2 = NOT SELECTED	804	88.79		
		31. SEVERE MENTAL ILLNESS SUCH AS SCHIZOPHRENIA OR PSYCHOSIS OR BIPOLAR DISORDER (EXCLUDES DEPRESSION OR ANXIETY DISORDER)	-9 = MISSING	26	1.84		
13	STROKE	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	89	10.27	All	
			2 = NOT SELECTED	789	87.89		
		33. STROKE	-9 = MISSING	26	1.84		
13	TBI	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numebrs that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	18	1.25	All	
			2 = NOT SELECTED	860	96.91		

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		34. TRAUMATIC BRAIN INJURY		-9 = MISSING	26	1.84		
14	NUMMED	The next question asks about prescription medications [SAMPLED PERSON'S INITIALS] may take. Include standing and PRN or as needed medications, but exclude over-the-counter medications or supplements, unless they have been prescribed by a health care provider. About how many prescription medications does [SAMPLED PERSON'S INITIALS] currently take on a typical day? Would you say...  1. 0 2. 1-2 3. 3-4 4. 5-6 5. 7-8 6. 9-10, or 7. more than 10		1 = 0 2 = 1-2 3 = 3-4 4 = 5-6 5 = 7-8 6 = 9-10 7 = More than 10 -9 = MISSING	21 41 93 133 141 117 311 47	3.26 5.71 10.05 14.53 13.26 11.84 36.69 4.66	All	
15	ANTIPSY [DERIVED]	Please look at the show card titled "Antipsychotic Medications" to answer this question. The following is a list of the generic and brand names of antipsychotic medications. In the last seven days, which, if any, of these medications did [SAMPLED PERSON'S INITIALS] receive, either on an as needed basis or on a routine basis? Please tell me the numbers that apply from the show card. Any others? 1. ABILIFY (ARIPIPRAZOLE) 2. CLOZARIL OR FAZACLO (CLOZAPINE) 3. FANAPT (ILOPERIDON) 4. GEODON (ZIPRASIDONE) 5. HALDOL (HALOPERIDOL) 6. INVEGA (PALIPERIDONE) 7. LOXITANE (LOXAPINE) 8. NAVANE (THIOTHIXENE) 9. ORAP (PIMOZIDE) 10. RISPERDAL (RISPERIDONE) 11. SAPHRIS (ASENAPINE) 12. SEROQUEL (QUETIAPINE) 13. ZYPREXA (OLANZAPINE)		1 = YES 2 = NO -1 = INAPPLICABLE -9 = MISSING	104 215 575 10	7.51 23.58 68.34 0.58	If ALZ = 1 & NUMMED > 1	Variable collapsed and a summary variable indicating whether residents were given any antipsychotic medications was derived.
16	MEMORY2	The next questions ask about difficulties (SAMPLED PERSON'S INITIALS) may have doing certain activities because of a health problem. How much difficulty does (SAMPLED PERSON'S INITIALS) have remembering or concentrating? Would you say no difficulty, some difficulty, or cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL		1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL -9 = MISSING	245 421 219 19	32.25 47.00 19.72 1.03	All	Response option 3 and 4 were collapsed; derived variable has three categories.
17	SIGHT2	How much difficulty does (SAMPLED PERSON'S INITIALS) have seeing, even if wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL		1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL -9 = MISSING	421 372 91 20	52.35 37.51 9.22 0.92	All	Response option 3 and 4 were collapsed; derived variable has three categories.
18	HEARING2	How much difficulty does (SAMPLED PERSON'S INITIALS) have hearing even if using a hearing aid? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL		1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL -9 = MISSING	521 287 75 21	60.37 32.02 6.16 1.45	All	Response option 3 and 4 were collapsed; derived variable has three categories.
19	STAIRS2	The next questions ask about difficulties (SAMPLED PERSON'S INITIALS) may have walking or climbing steps? Would you say no difficulty, some difficult, or cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL		1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL -9 = MISSING	183 363 340 18	22.82 40.65 35.68 0.85	All	Response option 3 and 4 were collapsed; derived variable has three categories.
20	SELFCARE2	How much difficulty does (SAMPLED PERSON'S INITIALS) have self-care such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or		1 = NO DIFFICULTY	220	25.66	All	Response option 3 and 4 were collapsed; derived

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		cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	2 = SOME DIFFICULTY  3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL  -9 = MISSING	385  279  20	46.35  26.98  1.00		variable has three categories.
21	COMUNICAT2	Using "his"/"her" usual customary language, how much difficulty does (SAMPLED PERSON'S INITIALS) have communicating, for example understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?  1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	1 = NO DIFFICULTY  2 = SOME DIFFICULTY  3 = A LOT OF DIFFICULTY + CANNOT DO AT ALL  -9 = MISSING	590  211  84  19	71.75  19.99  7.37  0.89	All	Response option 3 and 4 were collapsed; derived variable has three categories.
22	TRANSHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to transfer in and out of a bed or chair? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	189  126  148  420  21	22.66  14.08  13.74  48.51  1.02	All	
23	EATHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to eat? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	217  11  29  628  19	22.47  0.94  2.65  73.04  0.89	All	
24	DRESHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to dress? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	485    42  355  22	58.91    2.18  37.86  1.05	All	Category 2 was not selected
25	BATHHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to bathe or shower? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	551  11  127  193  22	63.29  0.73  12.35  22.49  1.14	All	
26	TOILHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to use the bathroom or toileting? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	296  40  101  447  20	33.66  3.77  10.76  50.84  0.96	All	
27	WALKHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need for locomotion or to walk? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance?  1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON  2 = USE OF AN ASSISTIVE DEVICE  3 = BOTH  4 = NEED NO ASSISTANCE  -9 = MISSING	97  358  167  253  29	9.36  44.38  14.25  30.62  1.39	All	
28	INCONT2	Please look at the show card titled "Incontinence" to answer this question. As far as you know, has (SAMPLED PERSON'S INITIALS) had any episode or incontinence during the	1 = YES, BOWEL ONLY	21	1.87	All	

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		last seven days? Please tell me the number that applies from the show card.  1. YES, BOWEL ONLY 2. YES, URINARY ONLY 3. YES, BOTH BOWEL AND URINARY 4. NO, NEITHER 5. NOT APPLICABLE (COLOSTOMY, ILEOSTOMY) 6. NOT APPLICABLE (INDWELLING CATHETER, UROSTOMY)	2 = YES, URINARY ONLY 3 = YES, BOTH BOWEL AND URINARY 4 = NO, NEITHER -9 = MISSING	199 203 445 36	24.16 20.62 50.95 2.40		
29	HOSPEMER12	During the past 12 months, was [SAMPLED PERSON'S INITIALS] treated in a hospital emergency department?  1. YES 2. NO 3. DON'T KNOW	1 = YES 2 = NO 3 = DON'T KNOW -1 = INAPPLICABLE -9 = MISSING	239 527 12 77 49	26.56 57.78 2.58 9.15 3.93	IF Length of Stay (LOS) > 1	Asked of residents who were in the RCC for three or more months
31	HOSPNITE12	During the past 12 months, was [SAMPLED PERSON'S INITIALS] discharged from an overnight hospital stay? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay.  1. YES 2. NO 3. DON'T KNOW	1 = YES 2 = NO 3 = DON'T KNOW -1 = INAPPLICABLE -9 = MISSING	149 613 15 77 50	15.90 68.10 2.86 9.15 3.99	IF Length of Stay (LOS) > 1	Asked of residents who were in the RCC for three or more months
35	FALL2 [DERIVED]	The next section asks whether [SAMPLED PERSON'S INITIALS] has had any falls. By falls we mean nay fall, slip, or trip in which [SAMPLED PERSON'S INITIALS] lost "his"/"her" balance and landed on the floor or ground or at a lower level. Please include falls that occurred at your residential care community or off-site, whether or not [SAMPLED PERSON'S INITIALS] was injured, and whether or not anyone saw [SAMPLED PERSON'S INITIALS] fall or caught them. As best you know, during the past 90 days, how many falls has [SAMPLED PERSON'S INITIALS] had?  Number of falls _____	1 = YES 2 = NO -9 = MISSING	231 645 28	28.80 68.62 2.58	All	Recoded to indicate any fall versus no fall.
37	FALLINJ [DERIVED]	Please look at the show card titled "Fall Injury" to answer this question. Did [SAMPLED PERSON'S INITIALS]'s fall/any of these falls [SAMPLED PERSON'S INITIALS] had result in a minor injury, a major injury, or no injury? Please tell me the number that apply from the show card. SELECT ALL THAT APPLY  1. MINOR INJURY - ABRASION, CUT, HEMATOMA, LACERATION, SCRATCH, SKIN TEAR, SPRAIN, SUPERFICIAL BRUISE 2. MAJOR INJURY - BONE FRACTURE, BROKEN BONE, CLOSED HEAD INJURY WITH ALTERED CONSCIOUSNESS, JOINT DISLOCATION, SUBDURAL HEMATOMA 3. NO INJURY	1 = MAJOR OR MINOR INJURY 2 = NO INJURY -1 = INAPPLICABLE	100 131 673	10.48 18.32 71.20	IF FALL > 0	Asked of residents who had at least 1 fall.
38	ADLSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  1. ASSISTANCE FROM A PERSON WITH AT LEAST ONE ACTIVITY OF DAILY LIVING (BATHING, DRESSING, EATING, TOILETING, TRANSFERRING)	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	665 216 23	75.31 23.50 1.19	All	
38	MHSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  2. BEHAVIORAL OR MENTAL HEALTH—TARGET RESIDENTS' MENTAL, EMOTIONAL, PSYCHOLOGICAL, OR PSYCHIATRIC WELL-BEING, AND MAY INCLUDE DIAGNOSING, DESCRIBING, EVALUATING, AND TREATING MENTAL CONDITIONS	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	184 697 23	22.05 76.76 1.19	All	
38	INCONTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED 2 = NOT SELECTED	407 474	46.46 52.35	All	

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		3. CONTINENCE MANAGEMENT (E.G., ABSORBENT PADS, BLADDER OR BOWEL RETRAINING, CATHETER, MEDICATION, TOILETING REGIME)	-9 = MISSING	23	1.19		
38	DENTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  4. DENTAL (ROUTINE OR EMERGENCY BY LICENSED DENTIST)	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	183 698 23	21.8 77.01 1.19	All	
38	DIETSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  5. DIETARY OR NUTRITIONAL	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	442 439 23	49.00 49.81 1.19	All	
38	HOSPSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  6. HOSPICE	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	75 806 23	6.38 92.43 1.19	All	
38	MEDSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  7. MANAGE, SUPERVISE, OR STORE MEDICATIONS; ADMINISTER MEDICATIONS; OR PROVIDE ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATIONS	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	711 170 23	78.05 20.76 1.19	All	
38	OTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  8. OCCUPATIONAL THERAPY	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	111 770 23	13.11 85.70 1.19	All	
38	PAINSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  9. PAIN MANAGEMENT (MEDICATION OR NON-PHARMACOLOGICAL APPROACHES)	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	246 635 23	26.98 71.83 1.19	All	
38	PALLSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  10. PALLIATIVE CARE (RELIEF FROM SYMPTOMS, PAIN, AND STRESS OF SERIOUS ILLNESS, REGARDLESS OF DIAGNOSIS)	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	51 830 23	4.19 94.62 1.19	All	
38	PHARSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?  11. PHARMACY--INCLUDING FILLING OF OR DELIVERY OF PRESCRIPTIONS	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	642 239 23	74.39 24.42 1.19	All	
38	PTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED 2 = NOT SELECTED	173 708	20.18 78.63	All	

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		12. PHYSICAL THERAPY	-9 = MISSING	23	1.19		
38	PODSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	384	45.49	All	
			2 = NOT SELECTED	497	53.32		
			-9 = MISSING	23	1.19		
		13. PODIATRY					
38	NURSSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	109	12.85	All	
			2 = NOT SELECTED	772	85.96		
			-9 = MISSING	23	1.19		
		14. SKILLED NURSING--MUST BE PERFORMED BY AN RN OR LPN/LVN AND ARE MEDICAL IN NATURE					
38	WOUNDSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	101	10.77	All	
			2 = NOT SELECTED	780	88.04		
			-9 = MISSING	23	1.19		
		15. SKIN WOUND/INJURY CARE					
38	SOCSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	153	20.00	All	
			2 = NOT SELECTED	728	78.81		
			-9 = MISSING	23	1.19		
		16. SOCIAL WORK—PROVIDED BY LICENSED SOCIAL WORKERS OR PERSONS WITH A BACHELOR'S OR MASTER'S DEGREE IN SOCIAL WORK, AND MAY INCLUDE AN ARRAY OF SERVICES SUCH AS PSYCHOSOCIAL ASSESSMENT, INDIVIDUAL OR GROUP COUNSELING, AND REFERRAL SERVICES					
38	SPEECHSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	41	4.79	All	
			2 = NOT SELECTED	840	94.02		
			-9 = MISSING	23	1.19		
		17. SPEECH THERAPY					
38	TRANSMSEV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	472	57.12	All	
			2 = NOT SELECTED	409	41.69		
			-9 = MISSING	23	1.19		
		18. TRANSPORTATION FOR MEDICAL OR DENTAL APPOINTMEN					
38	TRANSSSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	399	47.44	All	
			2 = NOT SELECTED	482	51.37		
			-9 = MISSING	23	1.19		
		19. TRANSPORTATION FOR SOCIAL AND RECREATIONAL ACTIVITIES OR SHOPPING					
38	NOSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by residential care community staff or provided at the community by non-community staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	20	3.19	All	
			2 = NOT SELECTED	861	95.62		
			-9 = MISSING	23	1.19		
		20. NONE OF THE ABOVE					
39	ADVDIR	Please look at the show card titled "Documation" to answer this question. For which of the following items does this residential care community have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	601	66.45	All	
			2 = NOT SELECTED	270	31.31		

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		1. ADVANCE DIRECTIVE	-9 = MISSING	33	2.24		
39	POA	Please look at the show card titled "Documation" to answer this question. For which of the following items does this residential care community have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	644	71.45	All	
			2 = NOT SELECTED	227	26.31		
		2. HEALTH CARE PROXY OR DURABLE MEDICAL POWER OF ATTORNEY	-9 = MISSING	33	2.24		
39	PDLE	Please look at the show card titled "Documation" to answer this question. For which of the following items does this residential care community have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	105	11.13	All	
			2 = NOT SELECTED	766	86.63		
		3. PHYSICIAN DOCUMENTATION OF CONDITION THAT MAY RESULT IN LIFE EXPECTANCY LESS THAN 6 MONTHS	-9 = MISSING	33	2.24		
39	POLST	Please look at the show card titled "Documation" to answer this question. For which of the following items does this residential care community have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	310	36.05	All	
			2 = NOT SELECTED	561	61.71		
		4. PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)	-9 = MISSING	33	2.24		
39	NODOC	Please look at the show card titled "Documation" to answer this question. For which of the following items does this residential care community have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	106	13.79	All	
			2 = NOT SELECTED	765	83.97		
		5. NONE OF THESE	-9 = MISSING	33	2.24		
40	SYMPTOMS2	Please look at the show card titled "Verbal or Behavioral Symptoms" to answer this question. As far as you know, at any time in the last seven days [SAMPLED PERSON'S INITIALS] exhibited any verbal or physical behavioral symptoms directed toward others, for example threatening, screaming, cursing, hitting, kicking, pushing, scratching, grabbing, or abusing others sexually? Please tell me the number that applies from the show card.  1. YES, VERBAL ONLY 2. YES, PHYSICAL ONLY 3. YES, BOTH VERBAL AND PHYSICAL 4. NO, NEITHER	1 = YES	111	9.82	All	Variable was recoded to indicate presence of any verbal or behavioral symptoms versus no symptoms. Categories 1-3 collapsed.
			2 = NO, NEITHER	772	89.20		
			-9 = MISSING	21	0.98		
	<b>DESIGN VARIABLES</b>						
Derived using estimation specifications	PUFSTRATA2	Sample design variable (Nest variable)	1-12	904			Does not correspond to and therefore cannot be used to link to provider file
Derived using estimation specifications	SU_FACID	Facility ID	25 - 2084	904			
Derived using estimation specifications	PUFPOPFAC2	Sample design variable (Finite population correction)	278.12 - 9759.22	904			
Derived using estimation specifications	POPSU		2 - 300	904			
Derived using estimation specifications	SUWT	RCC resident weights (sampling weights)	34.11 - 8899.09	904			
Unique resident identifier (random)	RESID	Resident ID	100 - 40299	904			Unique resident identifier. ID numbers not consecutive. RESID cannot be used to link to provider data file.